SCC eFile	2012 ANNUAL R COMMONWEALTH OF STATE CORPORATION (4	2528901				
1.) CORPORATION NAME:			DUE DATE:	8/31/2012			
CECOS INTERNATIONAL, INC 2.) VA REGISTERED AGENT NAM CT CORPORATION SYSTEM	E AND OFFICE ADDRESS:		SCC ID NO: F0436511				
4701 COX RD STE 301				NFORMATION			
GLEN ALLEN, VA 23060			CLASS	AUTHORIZED			
3.) CITY OR COUNTY OF VA REG HENRICO COUNTY	SISTERED OFFICE:		COMMON	250			
4.) STATE OR COUNTRY OF INCO	ORPORATION:						
6.) PRINCIPAL OFFICE ADDRESS	:						
ADDRESS: 18500 I	North Allied Way						
CITY/ST/ZIP: Phoenix, AZ 85054							
7.) DIRECTORS AND PRINCIPAL (al officers must b oth a director and	e listed. An individual d an officer.			
		χ OFF	ICER	χ DIRECTOR			
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Brian A. Bales PRESIDENT 18500 North Allied Way Phoenix, AZ 85054						
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Edward A. Lang, III VP - F, treas 18500 North Allied Way Phoenix, AZ 85054	X OFF	ICER	X DIRECTOR			
		OFF	ICER	χ DIRECTOR			
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Charles F. Serianni DIRECTOR 18500 North Allied Way Phoenix, AZ 85054						
		χ OFF	ICER	DIRECTOR			
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Tim M. Benter VP/ASST. SEC 18500 North Allied Way Phoenix, AZ 85054						
NAME		X OFF	ICER	DIRECTOR			
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert Boucher VICE PRESIDENT 16800 Greenspoint Park Drive, Houston, TX 77060	, Suite 225N					
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W. T. Eggleston Jr. VP/ASST. SEC 18500 North Allied Way Phoenix, AZ 85054	X OFF	ICER	DIRECTOR			

		Х	OFFICER		DIRECTOR		
NAME: TITLE: ADDRESS:	Ronald Krall VICE PRESIDENT 5860 Trinity Parkway Suite 120		1		1		
CITY/ST/ZIP/CO:	Centreville, VA 20120						
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael P. Rissman VP/ASST. SEC 18500 North Allied Way Phoenix, AZ 85054	X	OFFICER		DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Andrew J Sweet VP/ASST. SEC 18500 North Allied Way Phoenix, AZ 85054	X	OFFICER		DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Lawrence Focazio VP - Tax 18500 North Allied Way Phoenix, AZ 85054	X	OFFICER		DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Eileen B Schuler SECRETARY 18500 North Allied Way Phoenix, AZ 85054	X	OFFICER		DIRECTOR		
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Marsha A. Lacy ASST TREASURER 18500 North Allied Way Phoenix, AZ 85054	X	OFFICER		DIRECTOR		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.							
/s/ Eileen B Schuler	Eileen B Schuler,		7/3	30/2	012		
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORP	ORAT	TE TE	DAT	E		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.							